



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY - DOMESTIC

C.G.S. §34-247

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8^{1/2} X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: MAILING ADDRESS: CITY: STATE: ZIP:		FILING FEE: \$120 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST INCLUDE BUSINESS DESIGNATION I.E. LLC, L.L.C., ETC.)		
2. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED: (NO P.O. BOX) PROVIDE FULL ADDRESS. STREET: CITY: STATE: ZIP:		
3. MAILING ADDRESS, REQUIRED: PROVIDE FULL ADDRESS. P.O.BOX IS ACCEPTABLE. STREET OR P.O. BOX: CITY: STATE: ZIP:		
4. APPOINTMENT OF REGISTERED AGENT - REQUIRED: (COMPLETE A OR B NOT BOTH) <input type="checkbox"/> A. IF AGENT IS AN INDIVIDUAL. PRINT OR TYPE FULL LEGAL NAME:		SIGNATURE ACCEPTING APPOINTMENT: X _____
BUSINESS ADDRESS (P.O. BOX NOT ACCEPTABLE) IF NONE, MUST STATE "NONE"	CONNECTICUT RESIDENCE ADDRESS (REQUIRED) (P.O. BOX NOT ACCEPTABLE)	
STREET: CITY: STATE: ZIP:	STREET: CITY: STATE: ZIP:	
CONNECTICUT MAILING ADDRESS - REQUIRED: (P.O.BOX ACCEPTABLE) STREET OR P.O.BOX: CITY: STATE: ZIP:		

Note: DO NOT COMPLETE 4B IF AGENT APPOINTED IN 4A.

☐ **B. IF AGENT IS A BUSINESS:**

PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:

CONNECTICUT BUSINESS ADDRESS

(P.O.BOX UNACCEPTABLE)

CONNECTICUT MAILING ADDRESS

(P.O.BOX ACCEPTABLE) (REQUIRED)

STREET:

CITY:

STATE:

ZIP:

STREET OR P.O.BOX:

CITY:

STATE:

ZIP:

SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:

x _____

PRINT NAME & TITLE OF PERSON SIGNING ON BEHALF OF AGENT:

5. MANAGER OR MEMBER INFORMATION-REQUIRED: *(MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC.)
ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.*

NAME	TITLE	BUSINESS ADDRESS (No. P.O Box) <i>IF NONE, MUST STATE "NONE"</i>	RESIDENCE ADDRESS: (No. P.O. Box)

6. ENTITY EMAIL ADDRESS-REQUIRED: *(IF NONE, MUST STATE "NONE.") DO NOT LEAVE BLANK*

7. EXECUTION: *(SUBJECT TO PENALTY OF FALSE STATEMENT)*

DATE (MM/DD/YYYY) _____

NAME OF ORGANIZER (print/type)	SIGNATURE

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE FOLLOWING YEAR THAT THE ENTITY WAS FORMED/REGISTERED BETWEEN JAN 1ST AND APR 1ST AND CAN BE EASILY FILED ONLINE @ www.concord-sots.ct.gov
CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.
TAX PAYER SERVICE CENTER: (800) 382-9463 OR (860) 297-5962 OR GO TO www.ct.gov/drs

INSTRUCTIONS

1. Name of Limited Liability Company-REQUIRED: The name MUST INCLUDE business designation, such as Limited Liability Company, LLC, L.L.C., Limited Liability Co., Ltd. Liability Company, or Ltd. Liability Co.; Professional LLC's must contain "P.L.L.C." or PLLC, "Professional Limited Liability Company", Limited may be abbrev. "Ltd" and Company may be abbrev. "Co" and the name must be distinguishable from all other active business names on record with this office.
2. Principal Office-REQUIRED: Include street number, street name, city, state and zip code.
3. Mailing Address-REQUIRED: Include street number, street name, city, state and zip code. P.O.BOX is acceptable.
4. Appointment of registered agent -REQUIRED: **THE LIMITED LIABILITY COMPANY MAY NOT BE ITS OWN AGENT.** An individual or entity (other than this LLC) must be appointed to accept legal process, notice or demand served upon the limited liability company. The agent may be EITHER:
 - a. Any individual who is a resident of Connecticut, including a manager or member of the LLC.
 - An individual must provide the complete street address of his or her business and a Connecticut residence address and a Connecticut mailing address. (If no business address, must state none).
 - The agent must sign accepting the appointment.
 - or
 - b. One of the following business types, on record with this office, with a Connecticut address:
 - A Connecticut corporation, limited liability company, limited liability partnership or statutory trust.
 - A foreign corporation, limited liability company, limited liability partnership or statutory trust, which has obtained a certificate of authority to transact business in Connecticut and has a Connecticut address on file with this office.
 - Provide the Connecticut principal office address at "Business address". The agent must sign accepting the appointment and the person signing on behalf of a business must print his/her name and title next to his/her signature.
 - And the mailing address at mailing address.
5. Manager or member information-REQUIRED: The limited liability company must list the name, title, business and residence address of at least one manager or member of the limited liability company. (if no business address, must state none). Include street number, street name, city, state and zip code. (Additional member(s) and manager(s) information may be included on an attached 8 ½ x 11 sheet.)
6. Entity Email Address-REQUIRED: If none, must state "NONE". The Secretary of the State will notify entities via email when their Annual Reports are due.
7. Execution-REQUIRED: The organizer (person forming the LLC) must print or type his or her full legal name and provide a signature. Note that the execution is made under the penalties of false statement, certifying that the information provided in the document is true. ***THE LIMITED LIABILITY COMPANY MAY NOT BE ITS OWN ORGANIZER BUT A MANAGER/MEMBER OF THE LLC MAY BE THE ORGANIZER.**

*****YOU ARE REQUIRED TO FILE A CERTIFICATE OF DISSOLUTION IF YOU DISSOLVE YOUR BUSINESS. *****

Note: LLC's may have as many managers/members as they wish. However, only three will be shown on the database. Additional names will be available by requesting copies of the original filing.